

## Letter to the Editor

# The Single Shared Electronic Patient Record (SSEPR): problems with functionality and governance – Reply

Dear Editor,

The shared record model of SystmOne (Computer Services Corporation/The Phoenix Partnership)<sup>1,2</sup> was developed in 1998 and introduced during 1999; detailed statistics are available from this link.<sup>3</sup> Developing a shared, data-rich record between highly professional groups of clinicians has been a great success, with many patients' care being enhanced by improved communications between caring groups.<sup>4</sup> The shared record environment has, for many, been the natural development of practice-bound IT systems, with links to community providers, hospital clinics and palliative care providers. The model has always provided choice and security for patient records, and has been most successful where commitment to service improvement has gone hand-in-hand with business development.<sup>5,6</sup>

Community and secondary care clinicians have seized the shared record as an opportunity to develop their own information needs as well as smoothing the patient journey. They maintain a common core record with primary care that can be effectively shared. They often have access to complex records supporting patients with complex long-term conditions.

In the paper-based world we occasionally receive letters with incorrect data within them – incorrect diagnoses, incorrect demographics. It is usual practice to write to/telephone the originator asking them to correct the information, holding the original until the correction is received. This is largely the model the software follows.

GP paper records are unusual in the way that the paper original is passed from one surgery to another as patients move surgeries, with complete editorial rights passing with the envelope. This model is replicated in SystmOne, with the additional advantage that practices can retain a copy. The new GP can alter any erroneous data entered by a previous practice.

In a community setting, however, units traditionally retain their original records, as opposed to sending them forward when the patient moves. Again, SystmOne follows this model, keeping editorial control over community-entered data with the community unit, since their record is their medico-legal record.

In cases where a GP notices erroneous community data, they can send a secure message through SystmOne to the community unit who then has the opportunity to amend it, or to let it remain. This stops the GP practices changing data they believe to be incorrect without the original clinician having the opportunity to refute the claim.

The Phoenix Partnership has seen dramatic growth in the constructive use of shared records with evidence that patient safety and satisfaction are enhanced by record sharing not least in the GP out-of-hours service.

It is important that readers understand the scope of this service; our current figures are:

- 735 GP practices live
- 51 prisons live on SystmOne Prison
- 24 child health units are live with SystmOne Child Health
- 32 PCTs live with SystmOne Community
- Over 9 million patient records
- Over 1.4 million ETP transactions per month
- Over 24 million patient consultations per month
- Over 31 000 distinct users per month
- Over 1.1 million GP record transfers performed
- Over 10 000 concurrent users
- With 1 195 905 GP shared records and 4 551 895 total shared records.

## REFERENCES

- 1 [www.csc.com/](http://www.csc.com/)
- 2 [www.tpp-uk.com/](http://www.tpp-uk.com/)
- 3 [www.tpp-uk.com/deployment-statistics.htm](http://www.tpp-uk.com/deployment-statistics.htm)
- 4 [www.tpp-uk.com/marketing/South%20East%20Essex%20FINAL.pdf](http://www.tpp-uk.com/marketing/South%20East%20Essex%20FINAL.pdf)
- 5 Electronic consultation cuts hospital referrals in Bradford by half. *Health Service Journal* 2008.
- 6 Born in Bradford project takes on infant mortality. *Health Service Journal* 2008.

Dr John Parry  
TPP Clinical Director  
Email: [john.parry@tpp-uk.com](mailto:john.parry@tpp-uk.com)

